

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF:

Filings Made During the Year 2004

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2" x 14")	3	1	1	3/1	NAIC	H(a), I, J, K
	1.1	Printed Investment Schedule detail (Pages E01-E-26)	3	1	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	3	1	1	5/15, 8/15, 11/15	NAIC	H(a), I, J, K
	3	Protected Cell Annual Statement	3	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	1	1	xxx	5/1	NAIC	
	5.1	State Page – Grand Total Page	3	1	1		NAIC	K
	5.2	State Page – Missouri Business	3	1	1		NAIC	K
	5.3	State Page – Business written in each of the other licensed states	3	1	xxx		NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	1	1	4/1	NAIC	
	11	Combined Insurance Expense Exhibit	1	1	1	5/1	NAIC	
	12	Credit Insurance Experience Exhibit	1	1	xxx	4/1	NAIC	
	13	Investment Risk Interrogatories	1	1	1	4/1	NAIC	K
	14	Financial Guaranty Insurance Exhibit	1	1	1	3/1	NAIC	
	15	Insurance Expense Exhibit	1	1	xxx	4/1	NAIC	K
	16	Long Term Care Experience Reporting Forms	1	1	1	4/1	NAIC	
	17	Management Discussion & Analysis	2	1	1	4/1	Company	K
	18	Medicare Supplement Insurance Experience Exhibit	1	1	1	3/1	NAIC	
	19	Premiums Attributed to Protected Cells Exhibit	3	1	1	3/1	NAIC	
	20	Risk-Based Capital Report	1	1	xxx	3/1	NAIC	K
	21	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	22	Statement of Actuarial Opinion	3	1	1	3/1	Company	K
	23	Supplement A to Schedule T	1	1	1	3/1, 5/15, 8/15, 11/15	NAIC	
	24	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	K
	25	SVO Compliance Certification	3	1	1	3/1, 5/15, 8/15, 11/15	NAIC	K
	26	Trusted Surplus Statement	1	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	32	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	33	Combined Annual Statement Electronic Filing	xxx	1	xxx	5/1	NAIC	
	34	Combined Annual Statement .PDF Filing	xxx	1	xxx	5/1	NAIC	
	35	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	36	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	37	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	38	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	30	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	2	N/A	1	6/1	Company	K
	52	Audited Financial Statements	2	1	1	6/1	Company	K
	53	Audited Financial Statements Exemption Affidavit	xxx	N/A	N/A		Company	
	54	Independent CPA	xxx	N/A	N/A		Company	
	55	Notification of Adverse Financial Condition	xxx	N/A	N/A		Company	
	56	Report of Significant Deficiencies in Internal Controls	2	N/A	1	6/1	Company	N
	57	Request for Exemption to File	1	N/A	1	5/1	Company	J
	58	Request to File Consolidated Audited Annual Statements	1	N/A	1	5/1	Company	J
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	xxx	0	1	3/1	State	H(b)
	102	Certificate of Deposit	xxx	0	1	3/1	State	H(b)
	103	Filings Checklist (with Column 1 completed)	xxx	1	1	3/1	State	
	104	Premium tax	1	0	1	3/1	State	K
	105	State Filing Fees		0			State	
	106	Application for renewal of CofA	1	0	1	3/1	State	K
	107	Updated Biographical Affidavits	1	xxx	xxx	3/1	Company	H(a)
	108	EDP Listing	1	xxx	xxx	3/1	State	K, L, O
	109	Form B&C Holding Company Registration Statement	1	xxx	xxx	4/15	Company	K, P
	110	Form B Inter-company Agreements Supplement	1	xxx	xxx	4/15	State	K
	111	Basket Clause Statement	1	xxx	xxx	3/1	State	K
	112	Affidavit regarding TPA pursuant to RSMo 376-1084	1	xxx	xxx	3/1	State	K

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.